

TRANSMITTAL AND NOTICE OF APPROVAL OF STATE PLAN MATERIAL FOR: HEALTH CARE FINANCING ADMINISTRATION	1. TRANSMITTAL NUMBER: 0 0 — 0 0 5	2. STATE: SOUTH DAKOTA
	3. PROGRAM IDENTIFICATION: TITLE XIX OF THE SOCIAL SECURITY ACT (MEDICAID)	
TO: REGIONAL ADMINISTRATOR HEALTH CARE FINANCING ADMINISTRATION DEPARTMENT OF HEALTH AND HUMAN SERVICES	4. PROPOSED EFFECTIVE DATE JUNE 30, 2000	

5. TYPE OF PLAN MATERIAL (Check One):

☐ NEW STATE PLAN ☐ AMENDMENT TO BE CONSIDERED AS NEW PLAN ☒ AMENDMENT

COMPLETE BLOCKS 6 THRU 10 IF THIS IS AN AMENDMENT (Separate Transmittal for each amendment)

6. FEDERAL STATUTE/REGULATION CITATION: 447.250	7. FEDERAL BUDGET IMPACT: a. FFY 00 \$ 0 b. FFY 01 \$ 0
8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT: ATTACHMENT 4.19-A, PAGE 7	9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable): ATTACHMENT 4.19-A, PAGE 7


10. SUBJECT OF AMENDMENT:

PAYMENT OF DISPROPORTIONATE SHARE HOSPITALS


11. GOVERNOR'S REVIEW (Check One):

☒ GOVERNOR'S OFFICE REPORTED NO COMMENT
☐ COMMENTS OF GOVERNOR'S OFFICE ENCLOSED
☐ NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL

☐ OTHER, AS SPECIFIED:

12. SIGNATURE OF STATE AGENCY OFFICIAL: 	16. RETURN TO: RICK LABRIE DEPT OF SOCIAL SERVICES OFFICE OF MEDICAL SERVICES 700 GOVERNORS DRIVE PIERRE SD 57501
13. TYPED NAME: JAMES W. ELLENBECKER	
14. TITLE: SECRETARY	
15. DATE SUBMITTED: JUNE - 26 - 2000	

FOR REGIONAL OFFICE USE ONLY

17. DATE RECEIVED: June 30, 2000	18. DATE APPROVED: 1/8/01
PLAN APPROVED - ONE COPY ATTACHED	
19. EFFECTIVE DATE OF APPROVED MATERIAL: 6/30/2000	20. SIGNATURE OF REGIONAL OFFICIAL: 
21. TYPED NAME: David R. Long, MD David R. Selleck	22. TITLE: Acting Associate Regional Administrator
23. REMARKS: Postmark: June 27, 2000	

Group 2: Psychiatric hospitals operated by the State of South Dakota.
Group 3: Other hospitals. (Any hospital not in Group 1 or 2.)

Payments to Group 1 hospitals qualifying under Medicaid inpatient utilization method will be based on the standard deviation that a facility's qualifying rate exceeds the Medicaid inpatient utilization mean for all participating hospitals. Payments to Group 1 hospitals qualifying under low-income utilization method will be based on the standard deviation that a facility's qualifying rate exceeds the low-income utilization mean for all participating hospitals. Payment will be made according to the following schedule:

if the qualifying rate is greater than the mean rate to less than 1 standard deviation above the mean - \$18,800

if the qualifying rate is 1 standard deviation above the mean to less than 2 standard deviations above the mean - \$27,800

if the qualifying rate is 2 standard deviations above the mean to less than 3 standard deviations above the mean - \$35,800

if the qualifying rate is 3 or more standard deviations above the mean - \$39,000.

Payments to Group 2 hospitals qualifying under Medicaid inpatient utilization method will be based on the standard deviation that a facility's qualifying rate exceeds the Medicaid inpatient utilization mean for all participating hospitals. Payments to Group 2 hospitals qualifying under low-income utilization method will be based on the standard deviation that a facility's qualifying rate exceeds the low-income utilization mean for all participating hospitals. Payment will be made according to the following schedule:

if the qualifying rate is greater than the mean rate to less than 1 standard deviation above the mean - \$100,000

if the qualifying rate is 1 standard deviation above the mean to less than 2 standard deviations above the mean - \$250,000

if the qualifying rate is 2 standard deviations above the mean to less than 3 standard deviations above the mean - \$500,000

if the qualifying rate is 3 or more standard deviations above the mean - \$751,299.

Payments to Group 3 hospitals qualifying under Medicaid inpatient utilization method will be based on the standard deviation that a facility's qualifying rate exceeds the Medicaid inpatient utilization mean for all participating hospitals. Payments to Group 2 hospitals qualifying under low-income utilization method will be based on the standard deviation that a facility's qualifying rate exceeds the low-income utilization mean for all

TN # 00-005
SUPERSEDES
TN # 99-004

APPROVAL DATE 01/08/01

EFFECTIVE DATE 6/30/00